consultants have been appointed. Ac-qu'sltion of land for Right of way is in progress. Orders have been placed for supply of indigenous line pipes. The approved project cost is about Rs. 917 crores.

(b) Work has been allotted to M/s. Bechtel for back-up consultancy, M/s. EIL for project monitoring and cons truction supervision and M/s. SAIL for supply of indigenous line pipes.

(c) As per the Government ap proval the project is expected to be commissioned by 1993.

SAARC strategy for population control

35. KUMARI CHANDRIKA PREM-JI KENIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-.

(a) whether a meet on population policy of the South Asian Association for Regional Cooperation (SAARC) countries was held recently at Delhi; if so, when and the number of delegates who participated therein; and

(b) whether it is a fact that in the meeting: it was- highlighted that there has been substantial growth in the size of population of the SAARC countries; if so, what steps were recommended in that direction?

THE- MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes please. It was held at New Delhi from the 7th to 10th October, 1991 in which 11 delegates representing Bangladesh, India, Nepal and Sri Lanka participated.

(b) Recognising the problem of the rapid growth of population in the region, the workshop made many recommendations to tackle it. These incfude the need for (1) evolving well defined national population policies with definite goals and objectives, (2) strong political commitment in support of the population control programmes, (3) promoting active community participation in implementation o these programmes, (4) increasing coverage of younger age couples with high fertility potential through vigorous promotion of spacing methods, (5) strengthening of programmes for maternal and child health care and (6) collaboration amongst the SAARC Countries to. pool and share experiences to further improve their national programmes.

Ban on smoking in public places

36. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND WELARE be pleased to state:

(a) whether Government propose to enact a legislation for prohibition of smoking in public places and for imposing ban on consumption of tobacco as well as its prodacts in public offices; and

(b) if so, what are the details in this regard and by when a Bill to this effect is likely to be introduced?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): (a) and (ty Administrative instructions have already been issued to prohibit smoking, to start with, in a few selected public places namely hospitals, dispensaries and other health care establishments, educational institutions, conference rooms, domestic air nights, air conditioned chair-cars and air conditioned sleeper coaches in trains, sub-urban trains and air-conditioned buses.

Passenger amenities in long distance trains

37. SHRI KRISHNA KUMAR BIRLA: Will the Minister of RAIL-ways be pleased to state:

(a) whether it is a fact that the existing amenities for passengers in the trains, particularly in long dIs-I tance trains, are inadequate;